

Kansas.gov Subscriber Access Change Form

STEP 1: SELECT AN ACTION

- | | |
|---|---|
| <input type="checkbox"/> Add new user | <input type="checkbox"/> Change information for existing user |
| <input type="checkbox"/> Delete existing user | <input type="checkbox"/> Reset password for existing user |

STEP 2: ACCOUNT INFORMATION

Kansas.gov Subscriber Name:	
Kansas.gov Subscriber Account Number:	
Address (Street, City, State, ZIP):	
Phone Number:	
Account Administrator Email Address:	

STEP 3: USER INFORMATION

User Name (First, Last):	
User Email Address:	
User Phone Number:	
Username (if applicable):	

Kansas.gov Account Administrator Signature*: _____

Printed Name: _____ Phone: _____

Date: _____

***This form MUST be signed by the Kansas.gov Account Administrator.**

STEP 4: TRANSMIT FORM

Please print and complete one form per account. Send via FAX or U.S. Postal service to:

MAIL	FAX
Kansas.gov 534 S. Kansas Ave., Ste 1210 Topeka, KS 66603-3434	785-296-5563

Your account will be updated within 3 business days of receipt.